HOUSEHOLD INCOME INFORMATION

Provide Information below for <u>ALL PERSONS</u>, including yourself, who reside in the home. Use back of form if more room is needed.

	Full Name	Relationship to Homeowner	Date of Birth	Describe any Disabilities	Sources of Income (Wages, self-employment, social security, unemployment, retirement, child support, alimony, public assistance, disability, veteran's benefits, worker's compensation, trusts, and income from assets)	Gross Monthly Income (See Required Documentation Checklist and attach applicable documentation listed)		
1								
2								
3								
4								
5								
6								
7					with a cash value of \$50,000 or more?	Yes No		
(We rue a) hereby certify that I (We) an nd correct. The Town of Gre	n (are) the owner(ece is hereby aut	s) and occi	upants of this property verify any of the above	g, and that to the best of my (our) knowledg e information in any appropriate manner an ent of financial assistance is subject to satis	d to inspect the property		
Signed (Applicant): Date:								
Signe	Signed (Co-Applicant): Date:							
NOTE: Upon approval, participants are required to sign a "Note and Mortgage" to ensure repayment of the home improvement assistance if ownership of the property is transferred or if the property is no longer the primary residence of the participants within five (5) years of receipt of grant funds.								
			-		ease check one of the following in regard to youAsian/Pacific IslanderHispanic (all rac	_		

BOTH PAGES MUST BE FILLED OUT COMPLETEY